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601 Service Codes and Descriptions

Service

Code-Modifier Service Description

AUDIOLOGICAL SERVICES

Vestibular Function Tests, with Recording and Medical Diagnostic Evaluation

| | |
|-------|---|
| 92541 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording |
| 92542 | Positional nystagmus test, minimum of 4 positions, with recording |
| 92543 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording |
| 92544 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording |
| 92545 | Oscillating tracking test, with recording |
| 92546 | Sinusoidal vertical axis rotational testing |
| 92547 | Use of vertical electrodes (List separately in addition to code for primary procedure.) |

Audiologic Function Tests with Medical Diagnostic Evaluation

| | |
|-------|---|
| 92552 | Pure tone audiometry (threshold); air only (S.P. 92553) |
| 92553 | air and bone |
| 92555 | Speech audiometry threshold (S.P. 92556) |
| 92556 | with speech recognition |
| 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) |
| 92563 | Tone decay test |
| 92565 | Stenger test, pure tone |
| 92567 | Tympanometry (impedance testing) |
| 92568 | Acoustic reflex testing |
| 92569 | Acoustic reflex decay test |
| 92572 | Staggered spondaic word test (S.P. 92589) |
| 92576 | Synthetic sentence identification test (S.P. 92589) |
| 92577 | Stenger test, speech |
| 92579 | Visual reinforcement audiometry (VRA) |
| 92582 | Conditioning play audiometry (I.C.) |
| 92583 | Select picture audiometry (I.C.) |
| 92584 | Electrocochleography (I.C.) |
| 92585 | Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive |
| 92586 | limited |
| 92587 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) |
| 92588 | comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) |

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier Service Description

| | |
|-------|--|
| 92589 | Central auditory function test(s) (specify) (per hour with a maximum of three hours) |
| 92590 | Hearing aid examination and selection; monaural |
| 92591 | binaural |
| 92592 | Hearing aid check; monaural (provider was not the original dispenser and the instrument is older than one year) (listening check of the instrument plus sound field testing of the instrument on the patient; may or may not be performed together with a diagnostic evaluation) |
| 92593 | binaural |
| 92594 | Electroacoustic evaluation for hearing aid; monaural (real ear measurement (REM) objective test of hearing instrument performance in the patient's ear as compared to a target response and electroacoustical assessment of the performance evaluation of the hearing instrument as compared to its original factory specifications) |
| 92595 | binaural |
| 92596 | Ear protector attenuation measurements (I.C.) |

Other Audiological Procedures

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|-------|---|
| 92700 | Unlisted otorhinolaryngological service or procedure (I.C.) |
|-------|---|

Aural Rehabilitation: Lip Reading or Auditory Training

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|-------|---|
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (bill in 15-minute units, up to a maximum of one hour) |
| 92508 | group, two or more individuals (per member, up to 60 minutes) (bill in 15-minute units, up to a maximum of one hour) |

Cochlear Implant Service Contract

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| V5014-MS | Repair/modification of a hearing aid — six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty (I.C.) |
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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

HEARING AID SERVICES

Office Visits for Evaluation and Management Services

99499 Unlisted evaluation and management service (up to a maximum of six services per member per date of service). (Providers may submit a prior-authorization request pursuant to 130 CMR 450.144(A) for members under 21 for units in excess of six per member per date of service.)

Refitting Services/Other Professional Services

V5011 Fitting/orientation/checking of hearing aid

Hearing Aid Purchases-Monaural

V5030 Hearing aid, monaural, body worn, air conduction (P.A. if cost exceeds \$500) (I.C.)
 V5040 Hearing aid, monaural, body worn, bone conduction (P.A. if cost exceeds \$500) (I.C.)
 V5050 Hearing aid, monaural, in the ear (P.A. if cost exceeds \$500) (I.C.)
 V5060 Hearing aid, monaural, behind the ear (P.A. if cost exceeds \$500) (I.C.)
 V5246 Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5247 Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (P.A. if cost exceeds \$500) (I.C.)
 V5256 Hearing aid, digital, monaural, ITE (P.A. if cost exceeds \$500) (I.C.)
 V5257 Hearing aid, digital, monaural, BTE (P.A. if cost exceeds \$500) (I.C.)

Hearing Aid Purchases-Binaural

V5130 Binaural, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5140 Binaural, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
 V5150 Binaural, glasses (P.A. if cost exceeds \$1,000) (I.C.)
 V5252 Hearing aid, digitally programmable, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5253 Hearing aid, digitally programmable, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)
 V5260 Hearing aid, digital, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)
 V5261 Hearing aid, digital, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

Hearing Aid Purchases-CROS and BICROS

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|-------|---|
| V5170 | Hearing aid, CROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.) |
| V5180 | Hearing aid, CROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.) |
| V5190 | Hearing aid, CROS, glasses (P.A. if cost exceeds \$1,000) (I.C.) |
| V5210 | Hearing aid, BICROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.) |
| V5220 | Hearing aid, BICROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.) |
| V5230 | Hearing aid, BICROS, glasses (P.A. if cost exceeds \$1,000) (I.C.) |

Hearing Aid Purchases-Other

| | |
|-------|---|
| V5070 | Glasses, air conduction (I.C.) |
| V5080 | Glasses, bone conduction (I.C.) |
| V5100 | Hearing aid, bilateral, body worn (I.C.) |
| V5274 | Assistive listening device, not otherwise specified (I.C.) (Use this code only for pocket-talkers.) |
| V5298 | Hearing aid, not otherwise classified (P.A.) (I.C.) |

Hearing Aid Repairs, Accessories, and Related Services

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|-------|--|
| V5014 | Repair/modification of a hearing aid (I.C.) |
| V5264 | Ear mold/insert, not disposable, any type (I.C.) |
| V5265 | Ear mold/insert, disposable, any type (I.C.) |
| V5266 | Battery for use in hearing device (per battery) |
| V5267 | Hearing aid supplies/accessories (I.C.) |
| V5275 | Ear impression, each |
| V5299 | Hearing service, miscellaneous (P.A.) (I.C.) |

Hearing Aid Dispensing Fees

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|-------|--|
| V5160 | Dispensing fee, binaural |
| V5200 | Dispensing fee, CROS |
| V5240 | Dispensing fee, BICROS |
| V5241 | Dispensing fee, monaural hearing aid, any type |